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1. CORRESPONDENCE ADDRESS

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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/390,953 02/21/95 007 HESS, R 1513 08/23/95

First Named
Applicant

KUBO,

MIKIKO

TITLE OF
INVENTION

PROTECTIVE LAYER TRANSFER FILM AND IMAGE-PRINTED MATTER

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1 DAIN:300 503-227.000 057 UTILITY NO 1250.00 \$1210.00 11/24/95

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 PARKHURST WENDEL & ROSSI

2

3

060 JJ 12/08/95 08390953

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(1) NAME OF ASSIGNEE

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(Authorized Signature) Charles A. Wendel; Reg. No. 24,453 11-22-95

(Date)

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